

CHAPTER 2
ADDENDUM G

DATA REQUIREMENTS - PLACE OF SERVICE/TYPE OF SERVICE
ALLOWABLE RELATIONSHIPS

FIGURE 2-G-1 PLACE OF SERVICE CODES

PLACE OF SERVICE CODE	TYPE OF SERVICE CODE(S) ALLOWED (SECOND POSITION VALUES)
11	1, 2, 3, 4, 5, 6, 7, 9, A, C, E, F, G, H, J, K, L
12	1, 2, 3, 7, 8, 9, A, D, F, J, H, K, L
19	B, M
21	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, K, L
22	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, J, K, L
23	1, 2, 3, 4, 5, 7, 9, A, C, E, F, G, H, J, K, L
24	1, 2, 3, 4, 5, 7, 8, 9, A, C, F, H, K
25	1, 2, 3, 4, 5, 7, 9, F
26	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L
31	1, 2, 3, 4, 5, 9, A, E, H, J, K, L
32	1, 2, 3, 4, 5, 9, A, E, H, J, K, L
33	1, 2, 3, 4, 5, 9, A, E, H, J, K, L
34	1, 2, 3, 9, A, D
41	9, F, I, J
42	9, I
51	1, 2, 3, 4, 5, 7, 9, H, K, L
52	1, 3, 4, 5, 9, H, J, K, L
53	1, 3, 4, 5, 9, H, K, L
54	1, 3, 4, 5, 9, A, H, J, K, L
55	1, 3, 4, 5, 9, H, J, K, L
56	1, 3, 9, H, K, L
61	1, 2, 3, 4, 5, 9, A, H, J, K, L
62	1, 2, 3, 4, 5, 9, A, H, J, K, L
65	1, 2, 3, 4, 5, 6, 9, A, E, J
71	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, J, K, L
72	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, J, K, L
81	1, 2, 5, F
99	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, D, E, F, G, H, J, K, L

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM G

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FIGURE 2-G-2 PLACE OF SERVICE VALUES

11	Office
12	Home
19	Pharmacy
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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DATA REQUIREMENTS - PLACE OF SERVICE/TYPE OF SERVICE ALLOWABLE RELATIONSHIPS

FIGURE 2-G-3 TYPE OF SERVICE SECOND POSITION VALUES

1	Medical Care
2	Surgery
3	Consultation
4	Diagnostic/Therapeutic X-Ray
5	Diagnostic Laboratory
6	Radiation Therapy
7	Anesthesia
8	Assistance at Surgery
9	Other Medical Service & Supplies
A	DME Rental/Purchase
B	Retail Drugs & Supplies
C	Ambulatory Surgery
D	Hospice
E	Second Opinion on Elective Surgery
F	Maternity
G	Dental
H	Mental Health Care
I	Ambulance
J	Persons with Disabilities
K	Physical/Occupational Therapy
L	Speech Therapy
M	Mail Order Pharmacy Drugs & Supplies

